State of New Hampshire
Department of Health and Human Services

Request for Proposals (RFP) for
Residential Treatment Services for Children's Behavioral Health

Vendors Conference (*not mandatory)*

DHHS Contracts Unit and
Bureau of Children's Behavioral Health
January 14, 2021

Disclaimer

This presentation includes brief descriptions of the RFP specifications and requirements but does not fully elaborate on all required elements. As a result, this presentation does not supersede what is stated in the RFP or its appendices. Proposers are responsible for ensuring that their proposal is complete and accurate according to the information and requirements contained in the full RFP.

Disclaimer

While questions may be asked during this presentation, the Department is not obligated to answer questions during the presentation. As indicated in the RFP, any questions answered verbally will be non-binding. Questions provided in writing in accordance with the RFP will be answered, in writing, by the Department.

Today's Agenda

9:00-9:10am	Welcome and overview of the meeting
9:10-9:20am	Goal and Agenda
9:20-10:10am	Overview of the Residential Treatment Program
10:10-10:45am	Q&A on Residential Treatment Program
10:45-11:30am	Overview of proposal contents and submission
11:30-11:55am	Q&A on proposal contents and submission
11:55am	Thanks, next steps, and close

NH'S ENVISIONED CHILDREN'S MENTAL HEALTH System of Care

BIRTH TO 21
A 5-TIER SYSTEM

1

Screening, assessment and treatment services

- All ages screening and assessment by PCP, Early Intervention, schools
- Individual, group and family therapies through independent provider networks

2

Community-Based Treatment, Care and Support

- Community Mental Health Centers: 4 Levels of Care including case management, medication management and school and employment supports, and community based supports.
- Federally Qualified Health Centers: Provides Medical and Behavioral Health care and treatment.

3

Intensive home and Community based services and supports:

- Care Management Entity for: FAST Forward Program: intensive supports, Peer Support and Residential and Psychiatric oversight and transition support
- Therapeutic Day treatment or Partial Hospital programming
- Infant and early childhood intensive programming

4

Residential Treatment 5 levels of care ranging from most intensive: Psychiatric Residential Treatment Facility to Least intensive: Therapeutic Housing and Supported Independent Living environments. Requires a standardized assessment to determine medical necessity and Level of Care.

5

Psychiatric Hospitalization

Tiers 3-5 provide enhanced care coordination and oversight

Statewide MobiLe Crisis

Statewide MobiLe Crisis

Overview: Transforming Residential Treatment

Goals:

* Residential Treatment is a part of the Behavioral Health treatment system in NH for all children and youth.
* Use of Residential Treatment shifts from placement to an episode of treatment.
* Clinical capacity is increased in NH programs, use of out of state programs is decreased.
* Use of Residential Treatment is determined by clinicians and "Medical Necessity" is established.

Requirements:

Families First: Federal Legislation:

- Accreditation-Qualified Residential Treatment Program (QRTP) or higher
- Inclusion of Trauma informed Care Models
- Clinical/Nursing Availability
- Assessment to determine eligibility, by a qualified individual and using a standard tool
- Court validation of placement setting

RSA 135-F as amended by SB 14:

* Includes the provision of "oversight" function by CME

10 Year MH Plan:

* Expands access to Residential Treatment for **all children who need it**.

Foundational Information

New Terms and New Programs

* Child and Adolescent Needs and Strengths (CANS)
* Care Management Entity (CME)
* Transitional Residential (and psychiatric) Enhanced Care Coordination (TR-ECC)
* System of Care (SOC)
* Comprehensive Assessment for Treatment (CAT)
* Level of Care (LOC)
* Qualified Residential Treatment Provider (QRTP)

Key Changes

- Youth will receive a Comprehensive Assessment for Treatment (CAT) in order to be considered for Residential Treatment and will be based **on medical necessity** (emergencies will be taken into consideration)
- **Ongoing assessments of the progress** of youth will be based on a standard tool the Child Adolescent Strengths and Needs (CANS)
- Residential Programs will be identified by a **Level of Care (LOC)** and be a contracted provider with DHHS.
- Youth will be supported by the **TR-ECC** Program provided by the Care Management Entity throughout the **treatment episode**

Opportunities

Residential Treatment PROGRAM CHANGES

- Contracting for services which are currently certified
- Contracting for new programming

Residential Practice and Program Enhancement Opportunities

Program	Clinical
Updated Rate Setting/Funding	Evidence Bases Practices (EBPs)
Implementation of Trauma Model	Additional Clinical/Nursing Services
Consistent assessments across system	Family Workers available
Additional transitional supports into the community	Other
Others	

Audience of the Bidder

3.1 Minimum Qualifications

Current Certified Residential Treatment Programs	New Residential Treatment Programs (not currently Certified)
Current In State Certified Programs	New In-State Programs
Current Maine, Vermont, Massachusetts Out of State Programs	Maine, Vermont, Massachusetts Out of State Programs

Programs that do not meet the minimum qualifications above will be disqualified.

Source: RFP-2021-DBH-12-RESID

1.4 Program goals and strategic priorities- System Challenges

Historically youth have only had **access** to residential treatment if they are involved with the Child Welfare or Juvenile Justice systems, or through their local school district. Many more children who are not DCYF-involved are determined to have a Serious Emotional Disturbance (SED) or have other diagnosed needs that may, in more extreme cases, necessitate residential treatment.

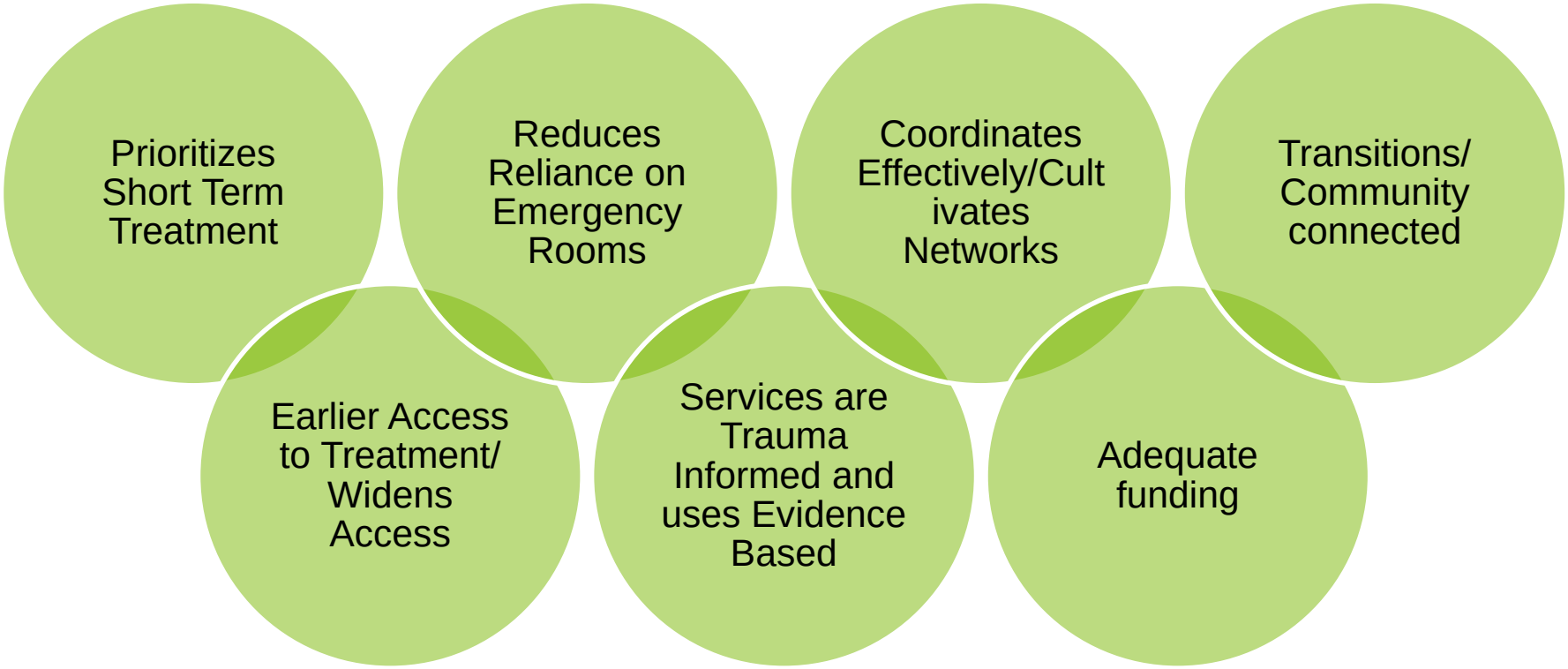
DHHS strives to support providers to deliver evidence-based and trauma-informed clinical services. A prolonged period of **low rates** and **lack of financial flexibility** has limited the providers in their ability to advance practices.

There is **insufficient in-state capacity** to serve children and youth requiring more specialized or intensive support.

Consistently demonstrated and stronger **long-term outcomes** for children who have required residential treatment…it has been hard for DHHS to identify the most appropriate level of care, measure the trajectory of children passing through the system and observe how effective residential treatment has been in equipping children with the skills they need to thrive in the community.

Source: RFP-2021-DBH-12-RESID

1.4 Program goals and strategic priorities



Source: RFP-2021-DBH-12-RESID

2.2.1 Five Key Components

Trauma Informed

delivered using a trauma-informed treatment model that understands, recognizes and responds to trauma within a recognized treatment framework

Evidence Based Practices

clinical practices used to treat and manage client mental health needs should include evidence-based and evaluated to a high scientific standard

Treatment Settings

nurturing, family-friendly, and provide for normalcy and consistency

Successful Transitions

Transition planning should occur from the day of admission with a strong focus on family and caregiver education and engagement in youth care, and coordination with partnering entities

Talent Strategy

a creative and effective approach to recruiting, retaining and training the right staff –direct care, clinical and otherwise.

Source: RFP-2021-DBH-12-RESID

2.2.2 Elements of residential service that will be changing

In addition to the five priority components of good service highlighted there are some components of the service model under this RFP that represent a substantial change from previous practices, and some elements of the program DHHS will focus on more closely than in the past.

DHHS acknowledges the need to work collaboratively and in partnership with the provider community to successfully deliver some of these changes, and that some may take additional time or require additional support

Source: RFP-2021-DBH-12-RESID

Expanding the Levels of Care

Current Program Identification Per He-C 6530

Intermediate

Intensive

Sub Categories of Either

* Shelter

* Assessment

* Substance Abuse

Acknowledging

Utilizing two identifiers (Intermediate and Intensive) did not match level of youth need

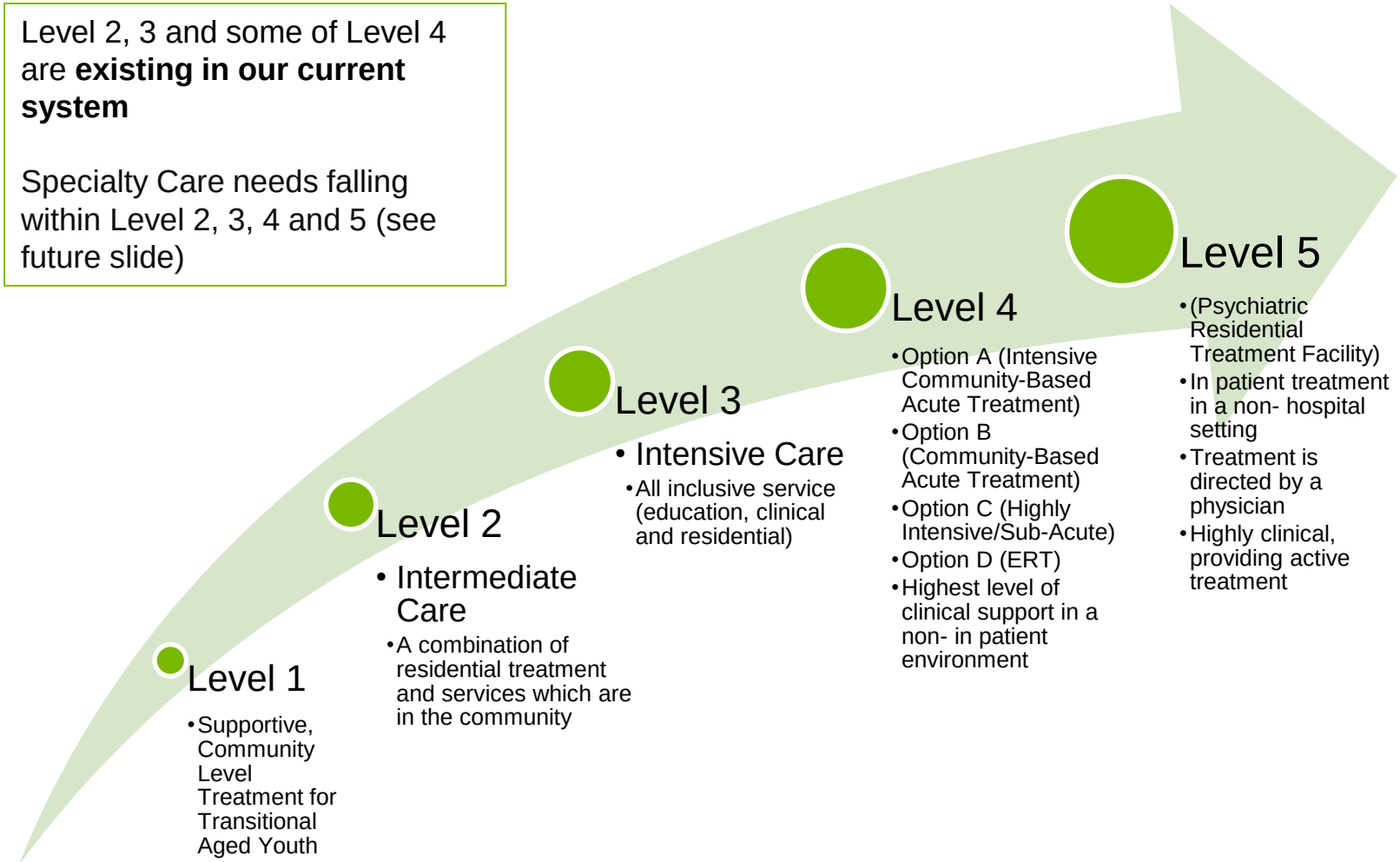
Identification/ Levels of Care needed more differentiation and definition

Creating additional Identification/ Levels of Care opened the opportunity for new programming (Independent Living and PRTF etc.) as well as specialty care.

Residential Levels of Care (LOC) - Appendix H

Level 2, 3 and some of Level 4 are **existing in our current system**

Specialty Care needs falling within Level 2, 3, 4 and 5 (see future slide)



Source: RFP-2021-DBH-12-RESID

Estimated Size of Population

2.1.2 *Bed needs for the target population*

The Department is seeking approximately 425 beds to encompass the residential treatment system in New Hampshire. *See PRTF RFP for Level 5

Through this RFP, the Department is seeking **approximately** 395 beds across levels of care 1 through 4.

Level 1- Independent living beds only	Level 2	Level 3	Level 4	Level 5 Psychiatric Residential Treatment Facility (PRTF)*
Approximate beds needed: 20 Excluded: Therapeutic Foster Care	Approximate number of beds needed: 80	Approximate number of beds needed: 240	Approximate number of beds needed: 55	30 beds * RFP-2021-DBH-11-PSYCH, on the Department's web page: https://www.dhhs.nh.gov/business/rfp/rfp-2021-dbh-11-psych.htm

Source: RFP-2021-DBH-12-RESID

2.1.1 Target population

2.1.1 General target population

- New Hampshire children, youth, and young adults
- ages 5 to under age 21
- who have more intensive behavioral and mental health needs that cannot be met safely in the community without intensive supports
- serving children and youth with a genuine and established treatment need as determined by an independent assessor.

2.1.2.1 Target program Needs

- Special Program Type
- Ages
- Gender
- Specialty Needs
- Underserved Regions

Source: RFP-2021-DBH-12-RESID

2.1.3 Needs of Specialty Population

2.1.3 Needs of Specialty Population

DHHS is particularly eager to build in-state capacity for the programming to address self-injurious behavior in levels 3, 4 and 5 (See RFP-2021-DBH-11-PSYCH for level 5), highly aggressive behaviors in levels 4 and 5 (See RFP-2021-DBH-11-PSYCH for level 5), problematic sexual behaviors in levels 3 and 4, and fire setting in levels 3 and 4 where we see unmet needs today.

Table 3 – Optional specialty needs and diagnoses

Diagnosis /need	Corresponding level of care
Intellectual and Developmental Disability (IDD)	2, 3, 4, 5
Substance Use Disorder and Co-Occurring Disorder (SUD/COD)	2, 3, 4, 5
Neurobehavioral needs	2, 3, 4, 5
Maternity	2, 3, 4
Gender Identity	2, 3, 4
Aggressive behavior	3
Episodes Moderate Self-Injurious Behaviors	3, 4
Fire Setting	3, 4, 5
Problematic Sexual Behavior	3, 4, 5
Eating Disorder	3, 4, 5
Highly Aggressive Behavior	4, 5
Severe Medical Needs	3, 4, 5
Human Trafficking	3, 4, 5
Chronic self-harm/severe self-harm/suicide attempts	5

Source: RFP-2021-DBH-12-RESID

2.2.3 LOC Framework; Service Objectives and Requirements

Staffing	Family Engagement	Training
Coordination with the CME) and the CAT Provider	Cultural and Linguistic Diversity	Transportation
Admissions and Discharges	Multi-disciplinary Approach	Aftercare
Minimum Expectations	Targeted and Active Treatment	Location of Programing
Restraint and Seclusions	Clinical and Medical Standards	Startup and Implementation
Youth Voice In Program and Treatment	Education	

Source: RFP-2021-DCYF-03-COMMU, page 6-7

2.2.3 Continued

2.2.3.1 Staffing Ratios

- DHHS will work with the provider community to ensure all providers are **able to provide staffing ratios which meet the needs of the population** served and meet the minimum staffing ratio standards laid out at each level of care
- DHHS is open to **creative solutions**, such as staff sharing
- If the program wishes to propose outside of the optimal ratio **justification for quality treatment** and safety should be explained and justified within the proposal.
- Programs shall develop **a budget** that reflects the staff ratios established in the Levels of Care document

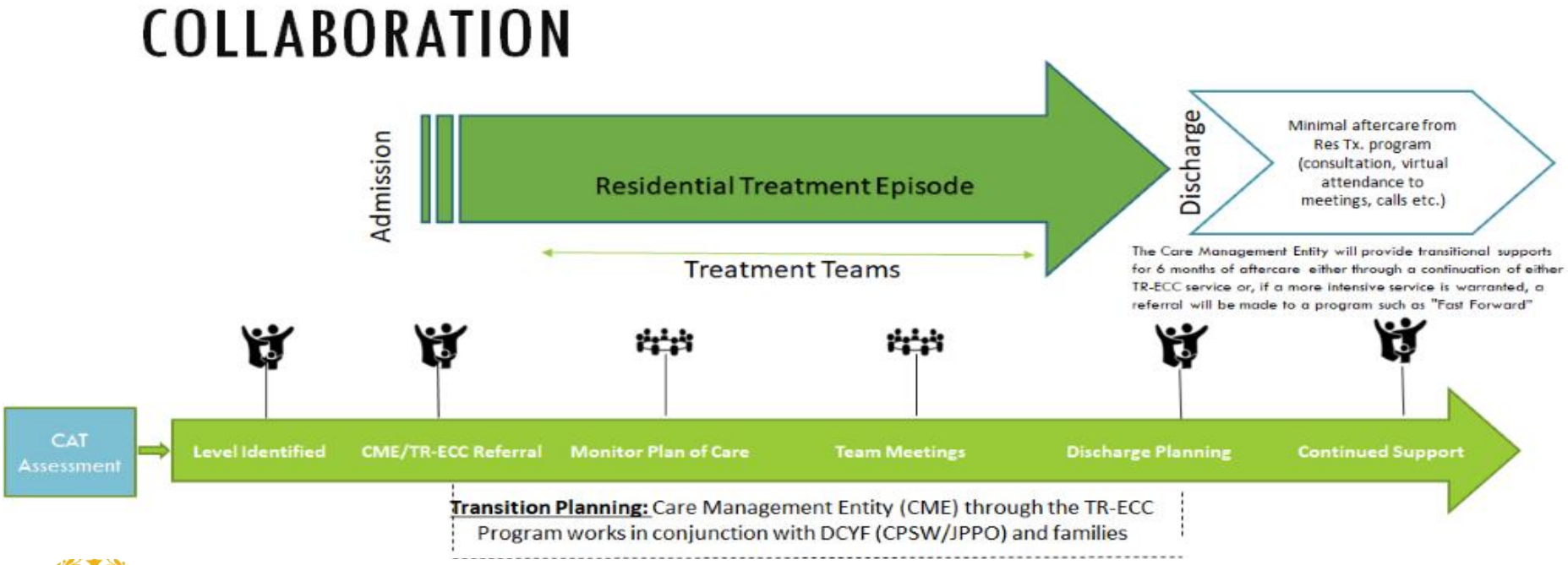
See Appendix H Levels of Care Framework

Source: RFP-2021-DBH-12-RESID

2.2.3 Continued

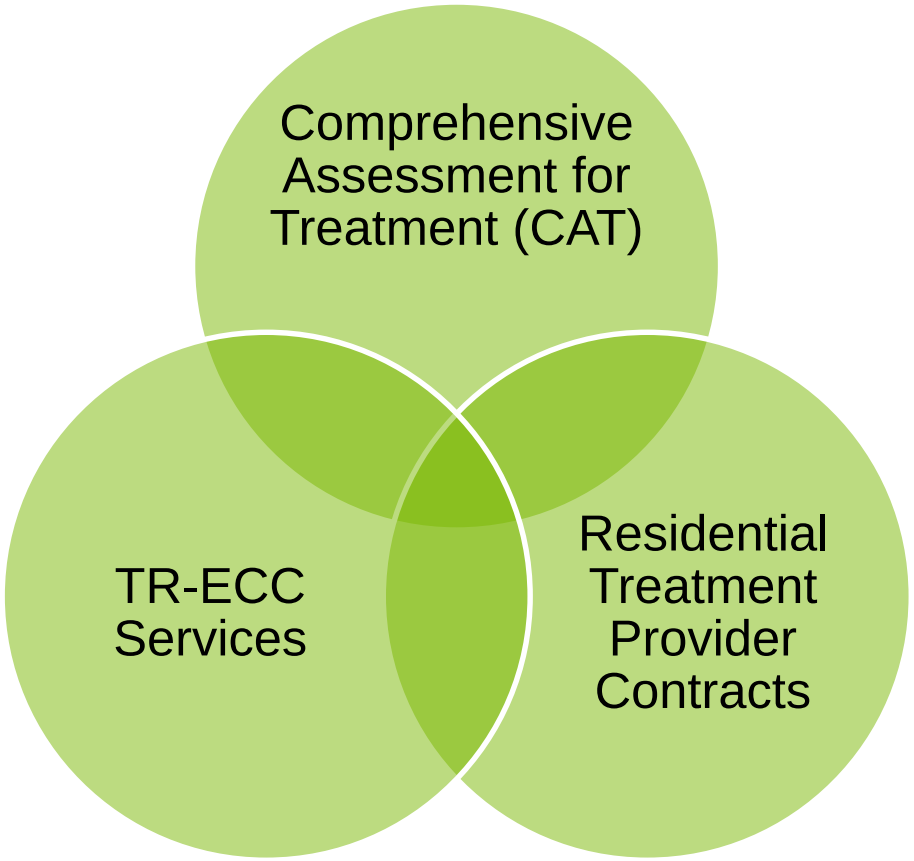
2.2.3.2 Coordination with the CME and CAT

Going forward, providers will need to engage with other providers and entities to coordinate care around child treatment plans and collaborate to meet child outcomes.



Source: RFP-2021-DBH-12-RESID

Major Intersections for Residential Treatment

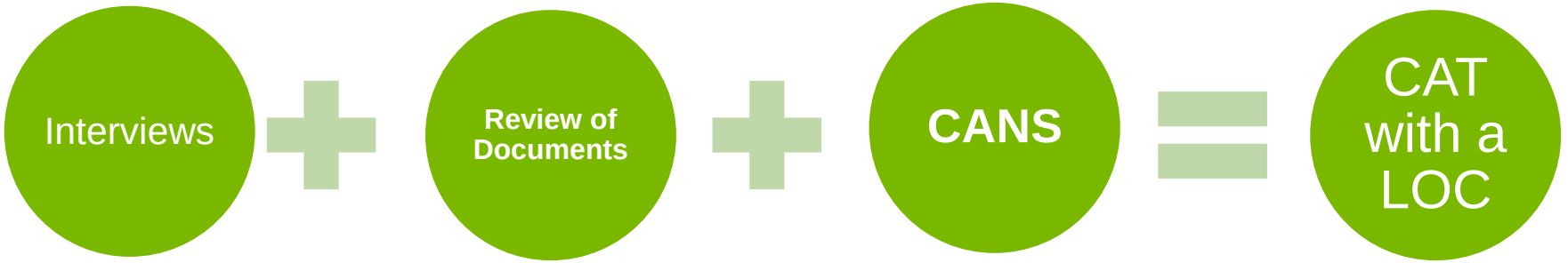


CAT- Comprehensive Assessment for Treatment

Who does the Comprehensive Assessment for Treatment (CAT)?

- Vendor will be selected and will manage the pool of Assessors, referrals and process
- The qualified individual (assessor) will utilize the CANS and conduct a bio-psychosocial assessment of the youth
- The report will be provided back to the referent, the family team and DCYF staff (if involved).
- The qualified individual is always a conflict free assessor will conduct the CAT.

What pieces make up a CAT?



CAT RFP https://www.dhhs.nh.gov/business/rfp/rfp-2021-dbh-03-compr.htm

Key Services Included with TR-ECC:

* Ensuring discharge and **transition planning** is realistic and meets the needs of the child, youth, or young adult and their family.
* Ensuring **family and youth voice and choice** is central during treatment.
* Ensuring treatment plans are **relevant** to the issue that led to the individual needing residential treatment services.
* Confirming **discharge plans** are reflective of the appropriate level of care for the child, youth, or young adult; are realistic; and are achievable.
* **Attending all pertinent treatment team meetings** at the residential treatment facility and advocating for the child, youth, or young adult and their family.
* Providing **coordination** for any referrals for services that will be needed to support the transition of the child, youth, or young adult from a residential treatment back to the family home.
* **Referring** the family to supportive services in their communities, which may include but are not limited to family peer support groups.
* **Assisting** the family with applying for Medicaid coverage, as applicable and needed.
* Providing documentation, if applicable, for the child, youth, or young adult who has court-involvement, in accordance with NH Revised Statutes Annotated **(RSA) 169-B: 19 or RSA 169-D: 19.**
* If, discharging a child, youth, or young adult to the home or community based placement, then **treatment recommendations should be attainable within the community and the home setting by the caregiver.**

2.2.3 Continued

2.2.3.2 Admissions and Discharge

- The Department envisions a system where residential treatment programs **receive and accept referrals based on an appropriate level of care** and recommendations determined by the comprehensive assessment of treatment (CAT). If a youth is referred based on a CAT level of care the youth should be accepted in a timely manner.
- Denials of admission to a program should be limited
- Unplanned discharges should be very limited
- DHHS is also seeking to streamline admissions process by developing a **standardized admission form** to be used across the system for every program. This standard admission form will be developed by DHHS.

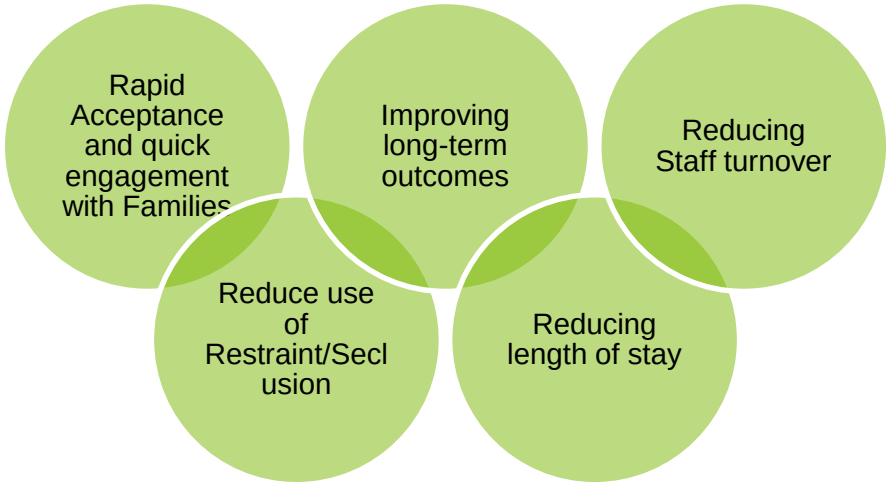
Source: RFP-2021-DBH-12-RESID

2.4 Performance Improvement and Performance Metrics

2.4.1 Performance improvement

- DHHS is committed to **continuous improvement and performance measurement** as an important part of our partnership with residential treatment providers in the years to come.
- As part of that effort, the Department also seeks to **actively and regularly collaborate with providers** as part of enhanced contract management to improve program results.
- DHHS will request program narratives that inform the Department of aggregate successes in the program
- Providers will also be expected to **comply with any fidelity measures or processes required** for any **evidence-based practices** or models they utilize.

Range of performance topics with selected providers including but not limited to:



Source: RFP-2021-DBH-12-RESID

2.4 Performance Improvement and Performance Metrics

2.4.2 Performance Metrics

Provider agencies will be expected to collect and share any data requested by DHHS in a format and at a frequency specified by DHHS. Provider agencies will also be engaged to help DHHS continue to build out the list of appropriate metrics over time.

Category	Key performance metrics:
Referral	• % of referrals that receive a response to the referral source within 24 hours [e.g., email or phone call on availability and next steps] • Median time from referral to acceptance • Median time from referral to admission
Family & youth engagement	• % of treatment meetings where youth participates • % of treatment meetings where caregiver participates • Median # of contacts with family/caregivers per month per child
Quality of treatment	• % of children with improved CANS scores after 3 and 6 months (based on CANS system report which DHHS will access) • Median # of restraint/seclusion incidents per child and % of children with any restraint/seclusion during treatment stay
Transition & discharge	• Median length of stay: days from admission to discharge to less restrictive setting • % children discharged to home-based setting – overall and within 30, 60, 90, 180, and 365 days • % of children who remain in either a lower-treatment setting OR home-based setting after 6 and 12 months (based on internal data which DHHS will access through CME and DCYF system) • % of children receiving referral to after-care services (e.g., Residential treatment oversight, Fast Forward) before discharge • % of DCYF-involved children who have achieved their permanency goal at 12 months after discharge (based on internal DCYF data which DHHS will access)

Source: RFP-2021-DBH-12-RESID

2.4 Performance Improvement and Performance Metrics

2.4.3 *How residential providers will contribute to system-level goals*

Residential providers help contribute to achieving system-level goals for the System of Care.

DHHS is focused on system-level outcomes that are used nationally such as

- reduced use of psychiatric and other residential treatment,
- reduced use of juvenile corrections and other out-of-home placements,
- reduced use of emergency departments and other physical health services,
- reduced out of district placement for school,
- increased school attendance and attainment,
- increased employment for caregivers.

Source: RFP-2021-DBH-12-RESID

4.2 Description of Payment structure:

Start-up funds:	Per Diem Rate:	Flexible funds:
The purpose of start-up funding is to support your organization to launch the any new programming with in the Residential Treatment services. Start-up costs are considered as one-time costs you anticipate that will not be incurred on an ongoing basis.	This portion of the budget establishes a per diem rate for the corresponding scope of work. This amount will be paid on a daily basis per child per day they receive the service, starting on the date of admission, which will be submitted to the Department in a manner specified by the Department.	This portion of funding is intended to directly help support the needs of the child admitted to residential treatment, especially where other funds are not available to support the needs of the child and/or his/her family. Flexible Funding is primarily used for onetime expenses, usually tangible in nature, and is appropriate to support the child/family needs and goals.

Source: RFP-2021-DBH-12-RESID

Q&A Period

Today's agenda

9-9:05am	Welcome and overview of the meeting
9:05-9:30am	Overview of the CB-VS program
9:30-10:00am	Q&A on CB-VS program
10-10:45am	Overview of proposal contents and submission
10:45-11:15am	Q&A on proposal contents and submission
11:15-11:30am	Thanks, next steps, and close

Overview of RFP Process: What can I expect?

Phase 2: Competitive Bidding

- **Publish RFP – December 11, 2020**
  - **Vendors Conference – January 14, 2021**
  - **Letters of Intent – January 19, 2021**
  - **Question Submission Deadline – January 19, 2021**
  - **Department responds to Questions – January 29, 2021**
  - **Proposal Submission – March 8, 2021 11:59 PM**
- **Proposal Contents (Discuss in more detail)**

Phase 3: Scoring

- **Review and Score Proposals**

Phase 4: Contract Development

- **Selection, Contract Writing and Negotiations**

Phase 5: Contract Finalization

- **Execution: DocuSign, G&C Attachments**
- **Governor and Executive Council (G&C) Approval (effective date May 1, 2021 or later.**

3.1 Overview of Proposal Evaluation Process

Criteria category:	Points:
Program Design	40 Points Possible
Agency Organizational Capacity	25 Points Possible
Quality Improvement	15 Points Possible
Cost Scoring Criteria for All budgets and Program Staff List(s)	20 Points Possible

Scoring will be based on the criteria in RFP Section 3.

Source: RFP-2021-DBH-12-RESID

3.4 Cost Proposal

Program

Appendix E
Budget Sheet

+

Appendix F
Rate Setting Form

+

Budget Narrative

Source: RFP-2021-DBH-12-RESID

Questions?

Today's overview of proposal contents and submission will help you submit a **complete and strong proposal**

What documents are included in a Proposal?

- **RFP Section 7 and Proposers Checklist, Appendix I**
- **General proposal contents**
- **Technical proposal**
- **Cost Proposal**
  - **Budget template**
  - **Budget narrative**
- **Appendices and Audited Financials**
- **Submission process**, including how to submit by e-mail
- **Timetable,** including milestones going forward

Proposals are broken into six parts – please see Appendix I and the RFP Section 7 for more information

General Contents	❑ Transmittal cover letter ❑ Description of Organization ❑ Proposers references ❑ New Hampshire Certificate of Good Standing ❑ Affiliations – Conflict of Interest ❑ Appendix C, CLAS Requirements

Technical Proposal	❑ Appendix D, Technical Proposal ❑ Proposer Attachments ❑ Complete for each program being proposed ❑ For this RFP, a program is defined as: ……..

Proposals are broken into six parts – please see Appendix I and the RFP Section 7 for more information (continue)

Cost Proposal	❑ Appendix E, Budget Template for Start-up Costs, as applicable ❑ Appendix F, Rate Setting Form, for Operating Costs ❑ Appendix G, Staff List ❑ Budget Narratives ❑ Estimated Costs for Flex Funding ❑ Complete a Cost Proposal for each program

Appendix B, Contract Monitoring Provisions	❑ Why? ❑ RFP Section 5.5 Contract Monitoring Provisions ❑ Risk Assessment

Proposals are broken into six parts – please see Appendix I and the RFP Section 7 for more information (continue)

Audited Financial Statements	❑ Section 5.4 Audit Requirements ❑ Section 5.6 Statement of Vendors Financial Condition ❑ Demonstrate adequate financial resources ❑ 4 Years of Statements, or ❑ Certificate of authenticity ❑ Risk Assessment
Appendix J	❑ Summary of Proposed Levels of Care

Submission

Submission	❑ Key points to remember ❑ Email proposals by the submission deadline ❑ Email to residcbh.rfp@dhhs.nh.gov ❑ Names for electronic files, and why ❑ Appendix I, Check List

Submission process overview

- Proposals **must be submitted electronically this email:** residcbh@dhhs.nh.gov
- The **subject line of your email** must include the RFP ID (RFP-2021-DBH-12-RESID)
- If you plan to submit with multiple emails, **please number your emails** (e.g., RFP-2021-DBH-12-RESID 1 of 5)
- As a reminder, the maximum size of files per email is 10MB, meaning **you will likely need to send multiple emails or use a zip folder**
- **For those who haven't used zip folders:** Right click on the desktop, select new, select zip folder, name the folder, and drop your contents in

Q&A Period

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10-10:45am	Overview of proposal contents and submission
10:45-11:15am	Q&A on proposal contents and submission
11:15-11:30am	Thanks, next steps, and close

Proposals are due by e-mail on March 8, 2021.

Procurement Timetable

DHHS reserves the right to modify these dates and times at its sole discretion.

Item	Action	Date
1.	Release Date for RFP and Question Submission Period Opens	December 11, 2020
2.	Optional Vendor's Conference (Virtual)	***January 14, 2021*** ***9:00 – 11:00 am***
3.	Optional Letter of Intent Submission Deadline	***January 19, 2021***
4.	RFP Questions Submission Deadline	***January 19, 2021***
5.	Department Response to Questions Published	***January 29, 2021***
6.	Proposal Submission Deadline	***March 8, 2021 11:59 PM***

Thanks for attending!

Be sure to email us (residchb.rfP@dhhs.nh.gov)
with any questions by 1/19/2021